



HIPAA Transactions and Code Sets - I/T/U RPMS Current Status

Information Systems Coordinators

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Albuquerque, NM



Overview

- Review of Transactions & Code Sets
- RPMS software status
- 837 Testing issues & Error Reports
- ITSC Support systems
- ITSC HIPAA Initiatives
- Future considerations
- Questions



HIPAA – “Health Insurance Portability & Accountability Act”

- **Privacy Rule, April 2003**
- **Security Rule, Feb 2005**
- **Transaction and Code Sets**
 - **Initial Date of Compliance October 16, 2002**
 - **Extension to October 16, 2003**
 - **CMS issued extension for July 1, 2004**
 - **Sites sending non compliant formats to receive payment in 30 days**



HIPAA Transaction Standards - *Defined*

- **837** - Health Claims & Equivalent Encounter Information
 - Professional, Institutional, Dental
 - Coordination of Benefits
 - NCPDP Version 5.1
- **270/271** - Eligibility for a Health Plan
- **835** - Health Care Payment & Remittance Advice



HIPAA Transaction Standards- *Defined*

- **276/277** - Health Claim Status
- **278** - Referral Certification and Authorization
- **834** - Enrollment and Dis-enrollment in a Health Plan
- **275** - Claims Attachment – 275 (Draft in review)



HIPAA Standard Code Sets

2004 ICD 9 Codes Volume 1, 2, 3 (CSV)

2004 CPT Codes (CSV)

2004 HCPCs Codes (CSV)

NDC – National Drug Codes

Standard Adjustment/Reason Codes

Taxonomy – Individual/Non-Individual

NPI – National Provider Identifier



ITSC RPMS software vendor role

- ITSC is a software vendor
 - Role is to design and support RPMS software to meet HIPAA Transaction Standards & Code Sets
- In October 2002, of all transactions, ITSC identified 4 EDI transactions applicable to RPMS ...



ITSC Supported Four Electronic Transactions in 10/2002

- **837 electronic claims**
 - Institutional, Professional, Dental
- **NCPDP v5.1**
 - Pharmacy POS Sites
- **835 ERA**
 - Medicare and AHCCCS
- **834**
 - AHCCCs eligibility file (after analysis, not applicable)



ITSC identified 5 Transactions that currently RPMS had no electronic formats

- **270/271 – Eligibility request and response**
 - **Staff use other mechanisms to verify**
- **278 – Contract Health Service electronic referral**
 - **This is currently done with a fax of a purchase order**
- **276/277 – Claims inquiry and response**
 - **Staff perform manually**



837 – Institutional, Professional, Dental

■ 3rd Party Billing, ABM V 2.5 Patch 5

- Patch 5 in testing with 837 fixes
- Patch 6 in development with over 30 837 fixes

■ Issues

- Payers not keeping standard format and populating various fields with payer specific information (Companion Guides)
- Local Codes. Some payers got extensions from CMS to continue using



HIPAA – Testing Issues

- Many Insurers are asking for variations from the standard 837
 - Now finding out with 835
- Insurers were not ready to begin testing the 837 until August 2003
 - Exception Oklahoma Medicaid
- Facilities do not have the resources to do production and testing in a timely manner



837 Testing - Error Reports – Billing Office Process

Provider submits 837 files



Payer processes file through multi-tiered levels of error testing



Payer responds with acceptance/reject report



Payer responds with error report





837 Testing - Error Reports – Billing Office Process

Sites compare original 837 files with Error reports



Find the errors on the specific claim



Remove the claims within errors



Correct the claims



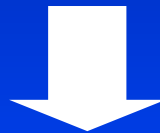


837 Testing - Error Reports – Billing Office Process

Site recreates the batch



Site resubmits the batch



Payer/Site repeat testing process until payment



Sample Error Report

ISA*00* *00* *ZZ*C00400 *ZZ*V00233
 *040222*1626*U*00401*241184194*0*P*>~GS*FA*C00400*V00233*20040222*162645*612217
*X*004010X096A1~ST*997*612217001~AK1*HC*101483~AK2*837*0001~AK5*A~AK9*A*1*1*1~SE
*6*612217001~GE*1*612217~IEA*1*241184194~



Sample 837 file....





Testing status
Insurer File

Location
Taxonomy
Code

ISA*00* *00* *ZZ*903314521 *ZZ*NMMAD
*040202*0823*U*00401*000100073*1*P*:
GS*HC*903314521*NMMAD*20040202*0823*100073*X*004010X096A1
ST*837*0001
BHT*0019*00*100073*20040202*0823*CH
REF*87*004010X096A1
NM1*41*2*UNSPECIFIED SERVICE UNIT*****46
PER*IC*BUSINESS OFFICE*TE
NM1*40*2*NM Medicaid*****46*NMMAD
HL*1**20*1
PRV*BI*ZZ*261QP0904X
NM1*85*2*UNSPECIFIED SERVICE UNIT*****24*903314521
N3*123 ABC ST
N4*OCEAN*NM*33333
REF*1D*XYZ789
NM1*87*2*ALBUQUERQUE ADMINISTRATION*****24*850105601
N3*PO BOX 31001-0655
N4*PASADENA*CA*911100655
HL*2*1*22*0
SBR*P*18*****MC
NM1*IL*1*STEELE*DANIELLE*****MI*555551010
N3*100 VALLEY RD
N4*ZIA*NM*33333
DMG*D8*19880501*F
NM1*PR*2*NM Medicaid*****PI*NMMAD
CLM*45404A-JSU-99091*206.00***13:A:1*Y*A*Y*Y*****Y
DTP*434*RD8*20030510-20030510
AMT*C5*206.00
REF*EA*99091
HI*BK:486
QTY*CA*1*DA
NM1*71*1*SMITH*USER*****24*903314521
PRV*AT*ZZ*208D00000X
REF*1D*000011
LX*1
SV2*0519**206.00*UN*1
DTP*472*D8*20030510
SE*35*0001
GE*1*100073
IEA*1*000100073

Payer ID
Insurer File
AO Control No.

Transaction Type:
004010X096A1=837-I
004010X097A1=837-D
004010X098A1=837-P

Trading Partner Name
Insurer File
Field .34

Payer ID
Insurer File
AO Control No.

Provider Taxonomy
Code

Provider Number



837 Errors – Common Errors

- Patient Registration name and address fields – Leading/Ending characters
- PRV segment = Provider taxonomy missing
- Attending vs Rendering Provider field missing
- Coding errors - Local codes missing
- Excess of 4 diagnosis codes on 837 file
- Referring provider – Missing taxonomy
- Provider number inaccurate
- Taxonomy not populated for providers
- Sites submit Production files vs Test files
- Provider ID fields
- Admission source, Admission Type, Discharge Status for outpatients
- CLIA #'s not populated
- Referring provider vs Attending provider
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837 Error Reports - Issues

- Sites must monitor all levels of error testing to ensure ongoing reimbursement
- Training of reading Error reports is necessary when sites begin testing
- Error reports not in standard format
 - Variances 997, 824, Comp Report, xml formats by different payers
 - CMS does not plan to implement standard



837 Payer Testing Status

- **Medicare Fls:** UGS, Trailblazers Part A and B, Riverbend, NHIC
- **Medicaid plans:** Oklahoma, AHCCCs, Medi-Cal, New Mexico, North Dakota, Mississippi, Oregon, Washington, Idaho, others...
- **Private Insurance:** AZ BC/BS
- **Clearinghouse options...**



Clearinghouse solutions

- ISAC recommends ITSC to work with specific clearinghouses
- NBOC meeting to review marketing presentations for RFC
- Three presenters:
 - Quovadx
 - Web MD
 - Infinedi
- Next step: RFC for GSA contract mechanism



ITSC Support System

- **Service Center** Logs based on transactions
- **Dyanne Leyba** – HIPAA Transactions Testing Coordinator
 - To assist with site testing, responding to Service Center calls, Error report reading, training documents
- **Catherine Thompkins** – HIPAA Coordination
 - To work with overall project coordination, clearinghouses, software and compliance
- **Adrian Lujan & Vacant User Support** position
- **Mike Pike** – MOU with NNMC



ITSC Ongoing Initiatives

- **ITSC biweekly meetings since 6/2002**
 - Carl Gervais, HIPAA Technical Project Lead
- **HIPAA Transactions link - ihs.gov website**
- **National HIPAA Conference calls biweekly**
 - Identifying testing status with Payers
 - Providing RPMS guidance
 - Networking
 - Area/ITSC reporting
 - CMS Issues



ITSC Ongoing Initiatives

■ Training

- Train the trainer February 2004
- On – Line training tools – RPMS functionality
- Trailblazers Medicare Web broadcast – 5/27/04
- Error Report Training and Reading by request
 - Held at Navajo and Albuquerque Areas
- ITSC Technical Conference in Aug 2004
- Included in 3P/AR RPMS training



ITSC Initiatives

■ Error Report software Design

- Mike Pike under MOU
- Centrallized server with functionality to assist sites with reading Error Reports with RPMS fix
- Weblink: <http://xsys.navajo.ihs.gov>



ITSC Initiatives – Code Set Versioning

- Redesigning existing ICD CPT files to Code Set Versioning
- HIPAA requires sites ability to assign valid codes based on date of service
- Updates to occur quarterly
- EHR requires CSV
- ITSC in analysis and design phase
- To be released soon



HIPAA – Future Considerations

- HIPAA Security - 2005
- ICD 10 – 2007
- National Provider Identifier
 - CMS announced providers can apply for numbers beginning May 2005



Questions...

